2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P99000069094 05 APR 15 PH 4: 44 1. Entity Name NICK'S HANDYMAN SERVICE, INC. ECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of dusiness Mailing Address 660-85 ST. #201 660-85 ST. #201 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 11102004 REIN-P CR2E098 (6/04) City & State Applied For City & State 4. FEI Number 65-0947982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMARO, M. BARBARA ESQ. Street Address (P.O. Box Number is Not Acceptable) 2000 S. DIXIE HWY. **SUITE 102** MIAMI, FL 33133 Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition VICENS, EDGAR NAME NAME STREET ADDRESS 660-85 ST, #201 STREET ADDRESS CtTY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME 700053920417 05/05/05--01052--009 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dolete TITLE Charge NAME NAME STREET ADDRESS STREET ADDRESS & City-S1-ZiP CITY-ST-ZI TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME 700053920417 05/05/05--01052--010 **150.00 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 4

Division Of Corporations PO Box 6327 Tallahassee, Fl 32314

October 29, 2004

Re: Nick's Handyman Services, Inc. Doc # P99000069094

Gentlemen,

I was recently informed of your intent to dissolve the above Corporation.

If I may explain, I did not receive any renewal application.

I am asking if you could kindly waive this penalty and allow me to renew again, as per our conversation.

The check for \$150.00 is included.

Yours truly,

Edgar Vicens. President